

**United States Bankruptcy Court  
Western District of Oklahoma**

In re Margaret Ann Lapsley

Debtor(s)

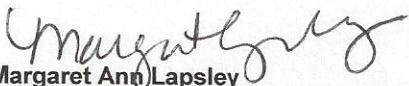
Case No. 10-15494  
Chapter 13

**AMENDED  
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing document(s), consisting of 4 page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date February 22, 2011

Signature  /s/ Margaret Ann Lapsley  
Margaret Ann Lapsley  
Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

In re Margaret Ann Lapsley

Debtor(s)

Case No. **10-15494**

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) -  
AMENDED**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |  |                       |    |        |
|--|-----------------------|----|--------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  |                       | \$ | 0.00   |
| a. Are real estate taxes included?   | Yes _____ No <u>X</u> |    |        |
| b. Is property insurance included?   | Yes _____ No <u>X</u> |    |        |
| 2. Utilities:  |                       | \$ | 400.00 |
| a. Electricity and heating fuel  |                       | \$ | 60.00  |
| b. Water and sewer   |                       | \$ | 33.00  |
| c. Telephone   |                       | \$ | 332.00 |
| d. Other <b>See Detailed Expense Attachment</b>  |                       | \$ | 150.00 |
| 3. Home maintenance (repairs and upkeep)   |                       | \$ | 800.00 |
| 4. Food  |                       | \$ | 125.00 |
| 5. Clothing  |                       | \$ | 20.00  |
| 6. Laundry and dry cleaning  |                       | \$ | 650.00 |
| 7. Medical and dental expenses   |                       | \$ | 400.00 |
| 8. Transportation (not including car payments)   |                       | \$ | 100.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  |                       | \$ | 600.00 |
| 10. Charitable contributions   |                       | \$ |        |
| 11. Insurance (not deducted from wages or included in home mortgage payments)                                |                       | \$ | 0.00   |
| a. Homeowner's or renter's   |                       | \$ | 0.00   |
| b. Life  |                       | \$ | 0.00   |
| c. Health  |                       | \$ | 0.00   |
| d. Auto  |                       | \$ | 255.00 |
| e. Other _____   |                       | \$ | 0.00   |
| 12. Taxes (not deducted from wages or included in home mortgage payments)<br>(Specify) _____                 |                       | \$ | 0.00   |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) |                       |    |        |
| a. Auto  |                       | \$ | 0.00   |
| b. Other _____   |                       | \$ | 0.00   |
| c. Other _____   |                       | \$ | 0.00   |
| 14. Alimony, maintenance, and support paid to others   |                       | \$ | 0.00   |
| 15. Payments for support of additional dependents not living at your home                                    |                       | \$ | 0.00   |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)             |                       | \$ | 0.00   |
| 17. Other <b>See Detailed Expense Attachment</b>   |                       | \$ | 535.00 |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:

**See attached Addendum.**

- |  |                    |
|--|--------------------|
| <b>20. STATEMENT OF MONTHLY NET INCOME</b>           |                    |
| a. Average monthly income from Line 15 of Schedule I | \$ <u>7,360.62</u> |
| b. Average monthly expenses from Line 18 above       | \$ <u>4,460.00</u> |
| c. Monthly net income (a. minus b.)                  | \$ <u>2,900.62</u> |

B6J (Official Form 6J) (12/07)

In re Margaret Ann LapsleyCase No. 10-15494

Debtor(s)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED****Detailed Expense Attachment****Other Utility Expenditures:**

ADT, Terminix	\$	65.00
cell phone	\$	150.00
cable	\$	67.00
internet	\$	50.00
Total Other Utility Expenditures	\$	332.00

**Other Expenditures:**

Repayment of Met Life Loan	\$	160.00
Deferred Maintenance Account	\$	200.00
Medical Addendum	\$	175.00
Total Other Expenditures	\$	535.00

**DEFERRED MAINTENCE ACCOUNT**

1)	Central Heat and Air	\$4,000.00
2)	Roof	\$2,000.00
3)	Hot Water Heater	\$ 800.00
4)	Fence Repairs	\$ 500.00
5)	Ceiling Repair (water damage)	<u>\$ 500.00</u>
	TOTAL	<b>\$7,800.00</b>

All maintenance will be completed in the above referenced order. At \$200.00 per month it will take 39 months to accumulate enough funds to complete all work. Debtor will open a bank account and place funds in the account on a monthly bases. Receipts will be available upon request of Trustee.

**MEDICAL ADDENDUM**

Debtor has extensive medical issues that require costly, uninsured expense. These expenses are medically necessary and include out-of-pocket cost for prescriptions, uninsured but medically necessary testing, and medical treatments. Debtor contributes to a health savings account through payroll deductions, however the contribution limits and amount of costs incurred combine to deplete the HAS or FLEX plan, and require additional contribution by the debtor. Additional information in support of the medical necessity of these expenses has been forwarded to the Office of the Trustee. The fact that these costs are actually incurred by Debtor is supported by the bank statements previously supplied to the Trustee.